

The ASG has adopted legislation providing that the U.S. Internal Revenue Code in effect on December 31, 2000, shall be applicable in American Samoa for all years thereafter, except as amended or incompatible with other American Samoa laws. Please use the 2000 tax table for computation of your tax.

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning _____, 2006, ending _____

Please print
or type

Your first name and initial	Last name	Your social security number	
If joint return, spouse's first name and initial	Last name	Spouse's social security number	
Home address (name of village) if you have a P.O. Box,		Home phone no.	Business phone no.
City, town or post office, state, and ZIP code. If you have a foreign address		Do you live in a rental house Yes <input type="checkbox"/> No <input type="checkbox"/>	

Filing Status

- 1 ☐ Single
- 2 ☐ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ☐
- 4 ☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ☐
- 5 ☐ Qualifying widow(er) with dependent child (year spouse died ☐).

Check only
one box.

Exemptions

6a ☐ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, don not check box 6a

b ☐ Spouse

c **Dependents:**

(1) First name	Last name	(2) Date of Birth	(3) Dependents Social Security Number	(4) Dependent's Relationship to you	(5) <input checked="" type="checkbox"/> qualifying child for child tax credit	No. of children on 6c who: lived with you
						did not live with you due to divorce or separation
						Dependent on 6c not entered above
						Add numbers entered on line above

d Total number of exemptions claimed ☐

Income

Attach
Forms W-2AS and
W-2G here.
Also attach
Form(s) 1099
if tax was
withheld.

7a Wages, salaries, tips, etc. Attach Form(s) W-2AS	7	
b Tax-exempt income (as per ASCA PL 19-33)	7c	
8a Taxable interest. Attach Schedule B if required	8a	
b Tax-exempt interest. Do not include on line 8a	8b	
9 Ordinary dividends. Attach Schedule B if required	9	
10 Taxable refunds, credits, or offsets of state and local income taxes.	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gains or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14 Other gains or (loss). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount	15b	
16a Pensions and annuities	16a	
b Taxable amount	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	
b Taxable amount	20b	
21 Other income. List type and amount.	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	-

Adjusted Gross Income

23 IRA deduction	23	
24 Student loan interest deduction	24	
25 Medical saving account deduction, attached Form 8853	25	
26 Moving expenses. Attach Form 3903	26	
27 One-half of self-employment tax. Attach Schedule SE / 1040SS	27	
28 Self-employed health insurance deduction	28	
29 Self-employed SEP, SIMPLE, and qualified plans	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid	31a	
b Recipient's SSN <input type="checkbox"/>		
32 Add lines 23 through 31a	32	-
33 Subtract line 32 from line 22. This is your adjusted gross income	33	-

TAX AND CREDITS

Standard Deduction for most people
Single: **\$4,400**
Head of Household: **\$6,450**
Married filing jointly or Qualifying widow(er): **\$7,350**
Married filing Separately: **\$3,675**

34	Amount from line 33 (adjusted gross income)	34	-
35a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind, <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind, Add number of boxes checked above and enter the total here	35a	
35b	If you are married filing separately and your spouse itemized deductions, or you were a dual-status alien, see instruction and check here	35b	
36	Enter your itemized deduction from Schedule A, line 28, or standard deduction shown on left. But see instruction to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent.	36	
37	Subtract line 36 from 34	37	-
38	If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, use the worksheet for the amount to enter	38	-
39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	-
40	Tax (2000 Tax Table). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	40	
41	Alternative minimum tax. Attach Form 6251	41	
42	Add lines 40 and 41	42	-
43	Foreign tax credit. Attach Form 1116 if required	43	
44	Credit for child and dependent care expenses. Attach Form 2441	44	
45	Credit for the elderly or the disabled. Attach Schedule R	45	
46	Education credits. Attach Form 8863	46	
47	Child tax credit.	47	
48	Adoption credit. Attach Form 8839	48	
49	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	49	
50	Add lines 43 through 49. These are your total credits	50	-
51	Subtract line 50 from 42. If line 50 is more than line 42, enter -0-	51	-

OTHER TAXES

52	Self-employment tax, attach Schedule SE / 1040SS	52	
53	Social Security and Medicare tax on tip income not reported to employer. Attach Form 4137	53	
54	Tax on IRAs, other retirements plans, and MSA's. Attach Form 5329 if required	54	
55	Advance earned income credit payments from Form(s) W-2. (Not applicable in American Samoa)	55	
56	Household employment taxes. Attach Schedule H	56	
57a	Add lines 51 through 56	57a	-
57b	American Samoa Minimum Tax (4% of the AGI, line 34 or Attach worksheet if PL 19-33 applies)		-
57c	This is your total tax , line 57a or 57b whichever is larger		-

PAYMENTS

Attach Forms W-2AS, W-2G and 1099 on the front

58	Samoa income tax withheld from Forms W-2AS and / or 1099	58	
59	2006 estimated tax payments and amount applied from 2005 return	59	
60	Earned income credit. (not applicable in American Samoa)	60	
61	Excess social security and RRTA tax withheld (not applicable)	61	
62	Additional Child Tax Credit, attach Form 8812	62	
63	Amount paid with request for extension to file	63	
64	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	64	
65	Add lines 58, 59, 62, and 64. These are your total payments		-

REFUND

66	If line 65 is more than line 57c (subtract line 57c from 65). This is the amount you OVERPAID		-
67	Amount of line 66 you want REFUND TO YOU .		
68	Amount of line 66 you want applied to your 2007 estimated tax	68	

AMOUNT YOU OWE

69	If line 57c is more than line 65, (subtract line 65 from 57c). This is the AMOUNT YOU OWE . For details on how to pay, (Call the ASG Tax Office, refer to the Collection Section)	69	-
70	Estimated tax penalty. Also include on line 69	70	

THIRD PARTY DESIGNEE

71	Do you want to allow another person to discuss this return with the ASG?	<input type="checkbox"/> Yes. Complete the following	<input type="checkbox"/> No
Designee's Name	Telephone Number ()	Personal identification Number (PIN)	

SIGN HERE

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer any knowledge.

Joint return? Both spouses must sign. Keep a copy for records

Your signature	Date	Your Occupation	Day time phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

PAID PREPARER'S USE ONLY

Preparer's signature	Date	Check if Self-employed <input type="checkbox"/>	Preparer's SSN / PTIN
Firm's name for Yours if self-employed Address, and ZIP code.			
EIN No.	Phone No.		